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mind, with selections from the literature that was most helpful, but with no attempt to deal with the psychopathology proper. Accordingly, after an introduction briefly characterizing "the new psychology," the physical and psychical worlds, he passes in Part II to the structure of the mind, specific responses, typical mental processes, the unconscious, and complexes. Under "mental energies" he discusses *libido*, which he identifies with interest, equilibrium, and sublimation. The byways of the *libido* are suggestibility, failure and regression, conflict, forgetfulness and repression, dreams, projection and idealism, psychical segregation and displacement. Part V treats of reason and rationalization and its relations to conduct; while the last Part, dealing with the contents of the mind, characterizes the primitive instincts, the great complexes, especially that of the ego, the partial and universal herd, the sex instinct and the primary sex complex, byways and combinations of the sex instinct, and the interpretation of the universal complexes. As a whole, the work is undoubtedly the best introduction to the subject for the general reader whose interest is not primarily in abnormalities.

Psychoanalysis and the War Neuroses. By S. FERENCZI, K. ABRAHAM, E. SIMMEL, and E. JONES. London, 1921. Pp. 59.

There has been a very strong and growing conviction among the great majority of physicians who dealt with the psychic traumata of the great war that the sex factors on which the Freudians laid so much stress had little or nothing to do with the causation or the cure of these cases, but that they were purely of ontogenetic origin and due to fear, conscious or unconscious. This little volume, with an introduction by Freud, attempts to convince us that this view is erroneous, that the neuroses of war and peace are not fundamentally different, and that obscure sex factors enter even into shell-shock, in various cases of which we have "genitality" shown in various symptoms. War-neurosis is simply a traumatic neurosis such as was well known to occur after fright or severe accidents without any reference to an ego conflict. The *libido*-theory was put forward by Freud only with reference to the transference of the neuroses from peace conditions.

Ferenczi's article in this symposium is extremely valuable as containing a survey of all the very voluminous German literature bearing upon the subject. Indeed, in no other of this author's writings known to us are we so impressed with his breadth of view and knowledge and his mental activity in coming to terms with so many different shades of conclusion. He shows that many German specialists have accepted very many of Freud's conclusions apparently without knowing it, and that despite the violent opposition of the Oppenheim group. Even the marked regressive character of all war neuroses, shown at the conclusion of peace, had been described by Freud before the war, although he was speaking only of accidents.

Abraham in his contribution thinks that the war traumata act on the sexuality of many people in the sense that they give the impulse to regressive alteration which endeavors to reach Narcissism. The soldier must always be prepared for unconditional self-sacrifice in favor of the mass, and this signifies the renunciation of every vestige of Narcissistic privilege. In the unconscious of many we do not suspect of Narcissism slumbers a belief that they are somehow invulnerable or immortal, and an explosion or wound suddenly destroys this belief, so that the security they felt collapses into a feeling of powerlessness and then the neurosis sets in.

The best of these papers is by Simmel, who has really nothing to say of the *libido*-theory, but describes his own war-experiences when he was in charge of a special hospital for the war neuroses, and finds Freud's

views in regard to the unconscious psychic causation and cure to be abundantly confirmed. The victim takes refuge in his symptoms, not for the purpose of preserving his physical but his psychical existence. There are very few war psychoses but very many neuroses. The conditions of the soldier's life involve the constant narrowing of his ego complex. He is an inconspicuous unit in a vast whole, must have no will of his own, and the narrowing and suppression of his consciousness represent the initial stage of the war neurosis and consciousness may be lost suddenly. Then the unconscious has its innings. By hypnosis he can be made to live through his experiences, and this was found to be very effective. Doctors who devise systems of torture, hunger cures, dark rooms, prohibition of letters, painful electric currents, etc., to compel patients to abandon their neurotic symptoms, really recognize Freud by inversion of his fundamental principles, *i.e.*, they make the patient wretched to force him to flee into health.

Jones' articles is more controversial, and is a defense of Freud's theory of the neuroses. War itself is an explosion of forces that are in conflict with the standards of civilization. "It is an official abrogation of civilized standards" sanctioning barbaric activities. He tells us that the readjustments necessary in war are "by no means so difficult as can arise in various situations appertaining to the field of sex." He takes his departure from Narcissism, and suggests that not only sex suppressions involved in war but wounded self-love, the severity of discipline, the imminence of danger and even death, and fear, which is the thing centrally to be considered (because, as Freud teaches, all psychoneurotic symptoms are constructed to prevent the development of fear and anxiety), will be found, when we have fully understood the war neuroses, to be the key to the explanation of all symptoms.

A Psychoanalytic Study of Manic-Depressive States. By LUCILE DOOLEY. *Psychoanalytic Rev.*, 8, no. 2, April, 1921.

This is a very interesting and critical study of five cases of a mental symptom-group which it has generally been supposed psychoanalysis cannot help; but the author concludes that, while in general the psychoanalytic results have been meager and doubtful, there was material assistance, especially in three cases, which had not however become chronic. In one there were real alternations in cycle although there was little likelihood of permanent recovery. In another, a bigoted, self-willed character, there was little help because the patient did not cooperate. None of the cases had much intellectual training, and this is very important, as has often been pointed out, especially for securing the needed attention and interest. Four out of the five cases had reached puberty at an unusually early age, and all had developed sex repressions as a result of the mother's failure to meet their needs at the critical time. There was unsatisfied curiosity, doubt, and fear before twelve years, when the patients were unable to meet their problems without help. Thus all four patients who married did so with lack of self-control, excessive bashfulness, modesty, prudery, incipient homosexuality, so that their marital relations were unhappy. Their delusions were usually attempts to fulfill regressive wishes, and it was possible to trace the stages of regression step by step to deeper and deeper layers of the unconscious. Thus the manic-depressive type does seem, contrary to the usual conceptions, sometimes to descend to levels as low as those reached by dementia praecox. The manic-depressive character is extroverted, always trying to relate itself to the environment, but minimizing the subjective element. The behavior of manic attacks is evidently a defence reaction, and in a depressed phase offence is no longer possible under profound consciousness of defect. Hence the difficulty of psychoanalytic treatment. The patient cannot bear to hear the truth.